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AUTHOR Caruso, Grace-Ann L.; Corsini, David A.
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ABSTRACT

A random sample of 95 toddlers in day care was rated by parents on the Child Behavior Checklist/2-3 (CBCL/2-3). Toddlers received nonparental care an average of 33 hours per week and the majority began day care by 5 months of age. The sample consisted of middle-class toddlers in medium-size cities in Connecticut. Day care was from relatives, sitters, licensed and unlicensed family day care homes, and day care centers. Although no comparison group was used, scores of the CBCL/2-3 for the present sample were compared to scores for the CBCL/2-3 normative sample and to prevalence rate in the literature for children in day care. Fewer children with behavior problems were found in the present sample than in the normative group. It is concluded that contextual factors of family, child care, and social support should be seriously considered before suggesting deleterious effects from early nonparental care. More research is needed to understand how complex variables are associated with the development of young children. Contains 18 references. (LB)

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THE PREVALENCE OF BEHAVIOR PROBLEMS IN TODDLERS IN CHILD CARE

Grace-Ann L. Caruso and David A. Corsini

University of Connecticut

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Contact: Grace-Ann L. Caruso, Center for Child Welfare Studies, Saint Joseph College, 1678 Asylum Avenue, West Hartford, CT 06117, (203)232-4571, X-394 or (203)773-9205.

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ABSTRACT

A random sample of 95 toddlers in child care were rated by parents on the Child Behavior Checklist/2-3. Toddlers received nonparental care an average of 33 hours a week and the majority began child care by five months of age. While no comparison group was used, scores on the CBCL/2-3 for the present sample were compared to scores for the CBCL/2-3 normative sample and to prevalence date in the literature for children in child care. Fewer children with behavior problems were found in the present sample than in the normative group. The present sample consisted of middle-class toddlers in medium-size cities in Connecticut. Child care was from relatives, sitters, licensed and unlicensed family day care homes, and day care centers. The present study demonstrates the importance of considering contextual factors of family, child care, and social support before suggesting deleterious effects from early nonparental care.

THE PREVALENCE OF BEHAVIOR PROBLEMS IN TODDLERS IN CHILD CARE

In recent years, the number of employed mothers of young children has risen steadily and so has the number of infants and toddlers receiving substantial amounts of nonmaternal care. Consequently, researchers have been interested in what impact this increase in nonmaternal and nonparental care might have on child development and the family. Concern was stirred when Belsky and Rovine (1988) reported an association between high levels of early nonmaternal care with a greater incidence of anxious attachment in children 12 to 18 months of age. While most children in a high nonmaternal care group did not show signs of attachment problems, the incidence of anxious attachment was significantly higher than in a comparison group of infants experiencing minimal nonmaternal care.

Because problems related to attachment in infancy have been associated with later maladaptive behavior (Egeland, Kalkoske, Gottesman, and Erickson, 1990; Erickson, Sroufe, and Egeland, 1985) any suspected association between child care and problems in early child development deserves careful study. Egeland et al. (1990) and Fagot (1984) suggest that preschool behavior problems persist through childhood, and Edelbrock and Costello (1988) demonstrated that for 6- to 16-year-olds, broad-band internalizing and externalizing syndromes aligned with DSM-III diagnoses of child and adolescent disorders. The emergence of behavior problems during toddlerhood has potentially long-standing significance for the child.

The prevalence of maladaptive behavior during the toddler period is difficult to determine. This difficulty stems from the lack of psychometrically sound measures as well as from the scarcity of research on the toddler period of early development. Additionally, data regarding

maladaptive behavior among toddlers in child care is unavailable due to the recent nature of the trend toward early use of nonparental care. Several studies have explored the extent of behavior problems in children from two to five years of age. While these studies have not focused on toddlers in child care, the studies do suggested parameters for the prevalence of maladaptive behavior among young children in particular populations. For example, in an epidemiological study in London, Richman, Stevenson, and Graham (1975) reported that of 750 randomly selected three-year-olds, 15% had mild behavior problems and 7% had moderate to severe behavior problems. They found no sex differences in total problems but some variations on individual items.

Looking particularly at children in child care, estimates of the prevalence of behavior problems have been greater. Crowther, Bond, & Wolf (1981) studied children in child care centers and nursery schools in Vermont. Using teacher ratings on an unstandardized behavior checklist, they found that of 709 two- to five-year-olds, 20% had externalizing behaviors that were of high levels of severity. In a study of preschoolers of low socioeconomic status (SES) attending Head Start centers in Durham, North Carolina, Anderson (1983), using teacher ratings on the Behar Preschool Behavior Questionnaire, found that 31.6% of the 462 three- to five-year-olds in the study exhibited behavioral and emotional problems at a level that would indicate a need for further diagnostic study. Thus, estimates of the prevalence of behavioral/emotional problems in very young children have ranged from 7% of children in a borough of London to 31.6% of low SES children in Head Start centers in Durham.

From available data it appears that the experience of child care is

associated with an increased likelihood of behavioral disturbance. However, ecological theory (Bronfenbrenner, 1979) would suggest it is more probable that a multitude of factors interact to contribute to the development of maladaptive behavior. While early separation from parents, particularly from the mother due to maternal employment, has been one factor linked to anxious attachment as a precursor to problematic behavior, both maternal employment and nonparental care take place within a context containing many factors associated with developmental outcome. Using the recently developed empirically derived Child Behavior Checklist for Ages 2-3 (CBCL/2-3; Achenbach, Edelbrock, and Howell, 1987) the present study provides additional evidence that early nonparental care should not be labeled automatically as a risk factor for behavior problems in young children and shows that it is more likely that a variety of conditions in the lives of toddlers combine to influence the developmental course.

METHODS

Procedure

The present sample of toddlers was randomly selected from birth announcements in the hometown newspapers of four medium-size city communities in Connecticut. Estimates received from hospitals and newspapers indicated that essentially all births were published. A total of 3300 listings for January through July of 1987 were used to select parents who were contacted by phone, screened to determine their use of child care, and asked to participate. Only two-year-olds in full-time child care, which for the purpose of this study was defined as 20 or more hours of nonparental care per week, met inclusion criteria. Selection continued until a sample of 120 toddlers was obtained. Of the 476 families contacted, 12 (2.5%) refused to participate, and 344 (72.3%) did not meet

inclusion criteria.

Parents received a 10 page survey which contained several measures in addition to the CBCL/2-3. Surveys were mailed to 120 families and 97 were returned for a response rate of 80%. Duplicate surveys were mailed to 26 parents to determine test-retest reliability of measures over a three week period. Twenty-three parents (88%) returned duplicate surveys. Later, a subsample of 20 parents were interviewed at length to obtain data of a more contextual nature.

Sample Characteristics

The majority of mail surveys were completed by mothers (89%). The average age of mothers in the sample was 31.6 (4.0) years and the average age of fathers was 33.8 (4.1) years. The majority of families were intact (89%). In most families (94%) the toddler was the youngest child, and in 55% of families the toddler was the only child. Thirty-four percent of families had two children and 12% had three children or more.

Parents were relatively well educated. Only 3% of parents had not completed high school. Fifty-one percent of mothers and 43% of fathers had completed college. Mothers were employed an average of 33.8 (8.5) hours a week and fathers were employed an average of 44.6 (9.1) hours a week. Mean family income was $54,700 ($19,700) a year.

Toddlers ranged in age from 25 to 32 months of age, 51.5 % of toddlers were female, and 68% were in child care by six months of age. The average length of time with the present caregiver was 15.2 (8.5) months. About half the toddlers were in family day care homes (53%), 21% were cared for by a relative, usually a grandparent, and 17% received care in child care

centers. Just under 10% received care in their own homes from sitters. The number of hours of child care each week ranged from 20 to 55 hours, with about half (47%) of toddlers in nonparental care for 30 or fewer hours a week and about 25% of toddlers in care more than 40 hours weekly.

Measures

Child Behavior: Child behavior was assessed using the Child Behavior Checklist for Ages 2-3 developed by Achenbach et al. (1987). The CBCL/2-3 was designed to assess behavior problems in two- and three-year-old children. Parents rate their toddler on 99 behaviors on a three point scale (0=not true, 1=sometimes true, 2=often true). Responses are computed to obtain a CBCL/2-3 total score, scores for two broad-band groupings of Internalizing and Externalizing behaviors, and six syndrome scores from subscales labeled Social Withdrawal, Depressed, Sleep Problems, Somatic Problems, Aggressive, and Destructive. The Social Withdrawal and Depressed syndrome subscales combine to form the Internalizing scale, and the Aggressive and Destructive syndrome subscales combine to form the Externalizing scale. Examples of behaviors included on the CBCL/2-3 are: 'self-conscious', 'upset at separation', 'stares blankly', 'no fun', 'wakes often', 'easily frustrated', 'doesn't answer', 'hurts animals', and 'gets into everything'.

The CBCL/2-3 is a standardized measure with good psychometric properties. The test's developers report a one week test-retest reliability for the CBCL/2-3 of .87 and one year predictive validity of .67 (Achenbach et al., 1987; McConaughy & Achenbach, 1988). Scale statistics for the present sample were also good. For CBCL/2-3 total score, internal consistency and test-retest reliability over three weeks were .93 and .80,

respectively. The manual for for CBCL/2-3 (McConaughy & Achenbach, 1988) provides norms for both normative and clinical samples which were used to compare scores for the present sample of toddlers.

Socioeconomic Status: The Hollingshead (1975) index was used to calculate SES. The Hollingshead uses information on each parent's level educational attainment and occupation to compute an index of family status which can range from 8 to 66. For the present sample, indices ranged from 26 to 66 and the mean index was 46.5 (9.3), indicating that families were primarily middle-class. On a scale ranging from 1 to 9, the mean occupational ratings for mothers and fathers were 6.3 (1.5) and 6.0 (1.9), respectively.

Child Care Quality: Quality of child care was measured from key indicators suggested in previous research (Phillips, 1987). This method was used since data were gathered through a mail survey and direct observation of child care settings was not feasible. Parent responses regarding group size, adult/child ratio, caregiver education, and caregiver experience were scaled and combined to form a Quality Index (Caruso, 1990). Each of these four indicators was rated from 1 to 4 and then summed to arrive at a value for quality of care between 4 and 16. The average Quality Index for the present sample was 10.7 (1.9).

RESULTS

Two types of norms have been established for the CBCL/2-3: one derived from a general population survey sample in Worcester, Massachusetts and the other derived from a clinical sample of 96 toddlers referred for mental health services in California, Missouri, Utah, and Vermont (Achenbach, et al., 1987; McConaughy & Achenbach, 1988). Children in the clinical sample

were referred for behavioral/emotional problems and developmental delays of unknown origin. The mean scores for these two normative groups and the mean scores for the sample of toddlers in the present study are presented in Table 1.

(insert Table 1 about here)

Inspection of the means in Table 1 indicate that the mean scores of the present sample are lower than both the general population norms and the clinical norms. Thus, the present sample of toddlers in full-time child care, as a group, were reported by parents as showing a low frequency of behavioral and emotional problems. However, some individual children in the sample were reported to have a high frequency of problem behaviors.

Frequency of Clinical Range Scores

Another way to examine the scores for this sample is to calculate the number of children reported as having a frequency of behavioral problems which put them in the clinical range. McConaughy & Achenbach (1988) describe the clinical range as scores above the 90th percentile of the normative sample for the CBCL/2-3 total, Externalizing, or Internalizing scales and scores above the 98th percentile on any one of the six syndrome scales. On a chance basis, it would be expected that 10% of a sample would fall in the clinical range on the total score or on either of the Internalizing or Externalizing broad-band grouping. For the present sample of 95 toddlers, the chance expectancy is 9.5 clinical range scores.

When the scores for the 95 toddlers were examined, it was found that only three exceeded the clinical cutoff with respect to total score, four exceeded the clinical cutoff for Internalizing behavior and five exceeded the clinical cutoff for Externalizing behavior. Six different children

accounted for scores in the clinical range, which is less than the number expected by chance in a random sample of unselected children. The pattern of results with the six syndrome scales was somewhat different, however.

The clinical cutoff score for the six syndromes, because these scales involve fewer items, is placed by McConaughy & Achenbach (1988) at the 98th percentile. Thus, for this sample of 95 toddlers, it would be expected that about two children would exceed the clinical cutoffs on each syndrome scale. For the six syndromes, five toddlers scored in the clinical range on Social Withdrawal, three on Depressed, five on Sleep Problems, nine on Somatic Problems, five on Aggressive, and eight on Destructive. While the numbers here are too small for meaningful statistical analysis, the frequency of children reaching the clinical range on the Somatic Problems and Destructive subscales appears elevated from simple chance expectancy. Overall, for the present sample of 95 toddlers it was found that 22 children had scores that exceeded the clinical cutoff on at least one of the syndromes. Although the frequency of clinical behavioral and emotional problems for this particular sample of toddlers in child care is low, there are some individual children within the group who are exhibiting syndrome-specific behaviors at a curiously high frequency.

Child, Family and Child Care Variables

CBCL/2-3 total scores and scores on Internalizing and Externalizing scales were examined for possible relationships with selected child, family, and child care variables. Child variables included sex, age at entry into child care, hours of child care per week, and number of changes in child care setting since beginning child care. Family variables included SES, hours of parental employment, and family size. Child care

variables included type of child care setting and quality of child care. Mean differences or correlations were calculated depending on the nature of the data.

With respect to child variables, no significant differences were found in CBCL/2-3 scores between boys and girls, or between toddlers who had undergone two or more changes in child care arrangements and those who had undergone one or no changes. CBCL/2-3 scores were not significantly correlated with age at entry into child care, which ranged from one month to 26 months of age, or with hours of child care per week, which ranged from 20 to 55 hours weekly. There were no significant differences in scores between toddlers who were only children and those who had one or more siblings.

Family variables that were assessed included hours of parental employment and SES. There were no significant correlations between CBCL/2-3 total, Internalizing, and Externalizing scores and hours of employment for either mothers or fathers. There was a significant correlation, however, between SES and CBCL/2-3 total scores, $r\ (94) = -.24$, $p < .01$, and between SES and scores on the Externalizing scale, $r\ (94) = -.26$, $p < .01$. Families with a higher SES tended to have toddlers with lower CBCL/2-3 total scores and fewer problems on the Externalizing scale. Internalizing scores were not correlated with SES.

Child care variables included type of child care setting and quality of care. CBCL/2-3 total, Internalizing, and Externalizing scores were statistically similar across relative, family day care and center care settings. Regarding quality of child care, the correlation between Externalizing scores and the child care Quality Index approached

significance, r (81)= -.17, p=.06, however no relationship emerged between the Quality Index and either total scores or Internalizing scores.

DISCUSSION

The most encouraging finding in this study was that for the present sample of two-year-olds, from middle-income families in medium-size cities in Connecticut, the number of clinical level behavioral and emotional problems, as determined by parent ratings on the CBCL/2-3, was less than that which the test developers suggest occurs in the normal population. This was encouraging since the two-year-olds in this study were in child care an average of 33 hours a week and most began child care by five months of age. Research on nonmaternal care in the early years has begun to accumulate as more mothers remain in the workforce while bearing children (Belsky & Rovine, 1988; McCartney & Galanopoulos, 1988; Richters & Zahn-Waxler, 1988; Thompson, 1988). Belsky and Rovine (1988) cautioned that such early separation may increase the risk of insecure attachment for the child and Egeland et al. (1990) and Erickson et al. (1985) suggested the connection between insecure attachment and later maladaptive behavior. Although findings of the present study cannot be quickly generalized to other populations or developmental domains, one can concluded that for this particular group of 95 toddlers, who received an average of 33 hours of nonparental child care a week, there was not an increased prevalence of clinical behavioral and emotional problems as measured by the CBCL/2-3.

In fact, the prevalence of behavioral and emotional problems which occurred in this sample was substantially lower than that reported in previous research for children in child care. As stated earlier, others have reported the prevalence of behavioral and emotional problems among

children in child care from 20% to 31% (Crowther et al., 1981; Anderson, 1983), but for the present sample of toddlers in child care only 3 of 95 children, or 3%, scored in the CBCL/2-3 clinical range. In previous research unstandardized measures were used. Children in earlier studies received care in centers and nursery schools whereas for the present sample of toddlers care was primarily in family style settings. Additionally, Anderson's study (1983) with the highest estimate of the prevalence of behavior problems involved only low SES children, and reports exist throughout the literature on the effects of socioeconomic factors on children's development and behavior (Achenbach et al., 1987; Anderson, 1983). The low prevalence of problem behaviors in the present study is likely associated with the higher SES of the sample when compared to samples used in earlier research as well as to the SES of the normative group. Socioeconomic status for the normative group was operationalized using the Hollingshead rating for parental occupation. For the normative sample the mean rating was 4.9 (2.7) (Achenbach et al., 1987) whereas for the present sample the mean occupational rating was 6.2 (1.7), indicating a higher occupational status for parents.

Another possibility is that the low prevalence of behavior problems was due to a high quality of child care for the study children. Selection of high quality child care has been associated with higher SES. Also, families in the present sample reported a high level of social support from family and friends (Caruso, 1990), average ages of both mothers and fathers were above 30 years, and there was a high number of intact families in the sample. Thus, the inconsistency of the present finding with other prevalence data on behavioral/emotional problems of children in child care only emphasizes the need for more careful study of diverse family and child

care contexts before reaching a clearer understanding of the impacts of nonparental care.

The only suggestion that toddlers in the present sample may be experiencing some level of stress was the curiously high frequency of children scoring in the clinical range on several of the syndrome scales. Nine children scored in the clinical range on the Somatic subscale and eight children scored in the clinical range on the Destructive subscale. Because of the small number of children in the sample and the failure to find an increased level of problems on the full scales, these findings regarding the syndrome scales should not be overinterpreted. However, these figures do suggest that a study similar to the present study which includes a comparison group of toddlers with no use or low use of nonparental care should be done to determine whether the present finding of higher frequency of more circumscribed behavior problems is associated with higher levels of nonparental care as well as whether these problems are chronic or acute.

There were no sex differences in children's scores on the CBCL/2-3. While this finding is consistent with reports on the development of the CBCL/2-3 (Achenbach et al., 1987), and with reports on a variety of behaviors of two-year-olds in child care (Crowther et al., 1981), it does not support suggestions that have been made regarding male vulnerability to variations in child care (Howes & Olenick, 1986; Belsky & Rovine, 1988). Note that of the three children scoring in the clinical range in the present study, two were female. Anderson (1983) reported no sex differences at three years of age but clear differences by four in behavior of children in Head Start centers. It may be that age and sex interact

with respect to problem behaviors. Fagot (1986) suggested that adult responses to toddlers' behavior may cause different behaviors to persist in boys and girls. Further research is needed in this area.

The quality of the child care setting as measured in the present study did not correlate with frequency of child behavior problems. However, this cannot be interpreted to mean that the level of quality in child care is unimportant. There are two possible explanations for the finding of no relation between child behavior and quality of care. First, the method used to operationalize quality in the present study may have been inadequate for assessing quality across diverse child care settings. Characteristics which make center care, family day care, and relative care of adequate quality may be very different and it may not be possible to construct a single measure which distinguishes levels of quality between diverse child care settings.

A second possible reason for the lack of association in the present study between quality of care and child behavior may have been that there was a restrictive range of quality, by whatever standard was used, and the level of quality was relatively high. Phillips (1987) has shown a strong relationship between SES and quality of care, and families in the present sample were at least middle SES. Thus, the failure to find a relationship between child care quality and child behavior may have been due to the fact that most children were in nonparental care of relatively good quality. Again, it would be incorrect to conclude that level of quality was unrelated to the lack of behavioral problems for this sample.

In an effort to identify contextual factors as potential correlates to a higher frequency of behavior problems, brief case studies were compiled

for the three children in the present study who scored in the clinical range on the CBCL/2-3. These case studies were constructed from the demographic data obtained on the survey and from interview data for the second and third children. These latter families had been members of the subsample who had been interviewed as part of the larger study concerned with child care and family support. In face-to-face interviews, parents discussed the nature of their overall supportive networks, issues they faced as parents of two-year-olds, and the resources they used, including caregivers, in dealing with these issues (Caruso, 1990). None of the children were directly observed. Brief case studies follow:

#1 The first child was a 25 month old female, an only child, who had begun child care at eighteen months of age. She was cared for in a family day care home for approximately 15 hours a week and for another five hours by a relative. The family day care provider was a 32 year old married mother who has taken several college level courses in early childhood and about five years of child care experience. This child's mother and father were 26 and 28, respectively. Her mother had not graduated high school and worked 40 hours a week in a factory. Her father was a college graduate and worked as a machinist supervisory assistant for 54 hours a week. The family's annual income was $42,000. They reported that their child had as many as ten different caregivers a week, including grandparents, aunts, parents, and the family day care provider. Upon contacting the mother to obtain data on items left blank on the survey, she requested information on dealing with two-year-olds, which was later mailed. This child scored in the clinical range on Somatic and Destructive syndrome scales of the CBCL/2-3 in addition to being above the clinical cutoff on the CBCL/2-3 total and Externalizing scores.

#2 The second child was a 31 month old female, an only child, who had been in the same family day care home since entering child care at 9 months of age. She was in child care 40 hours a week. The caregiver was in her 40's, married, a mother, and lived next door. She was a high school graduate with about three years of child care experience and no formal education in early childhood. The child's mother and father were 29 and 32 years old, respectively. The mother was a high school graduate who worked as an insurance manager for 35 hours a week. The

father was a high school graduate and owned and operated an auto repair business, which he recently established. He worked 60 hours a week. The family's annual income was $50,000. This couple had grown up in the community having a large network of extended family and siblings with small children. In an interview, this child's mother was rather short and guarded. She described herself as not the type to open up to just anyone. She described her relationship with her child's caregiver as open and mutually respectful. However, the relationship did not involve personal friendship. This mother did not express concern for her child's behavior or development but did state that she was fearful of doctors. She indicated that she would be changing pediatricians because her current one was opinionated. This mother stated that she would have preferred taking her parental leave for toddlerhood rather than during infancy because the child's need for extra time for self-help made accomplishing daily chores difficult. This child scored in the clinical range of the Social Withdrawal and Depressed syndrome scales as well as being above the clinical cutoff on CBCL/2-3 total and Internalizing scores.

#3 The third child was a 26 month old male who had begun child care at 18 months of age. He had been in care continually and changed settings twice. For the past six months he had been with an unlicensed child care provider who also cared for her own two children and periodically for two other children. This child attended care for 24 hours a week. The caregiver was married and had several years of experience. She was a high school graduate with no formal training in early childhood. This child's mother and father were 29 and 31, respectively. The mother was a high school graduate and worked more than 40 hours a week in an office in the home as vice president and secretary of the family's construction business. The father, also a high school graduate, worked more than 40 hours a week as the president and owner of the construction/excavation company. The family's annual income was not given but by their home they appeared middle class. This couple had attended high school together and continued to live in the same town in which they'd grown up near family and friends. In an interview, the mother reported this child had repeated ear infections during his first year and now had (ear tubes). She was concerned that he had been on antibiotics for so long. This child had a seven year old brother who was in a class for learning disabled children. The mother reported she worried she may have 'pushed' the older child and so she was trying to be more relaxed with the second child. This mother expressed concern with the active and very inquisitive behavior of her toddler and indicated she had discussed her concerns with her older son's teacher. This child scored in the clinical range on the Destructive syndrome scale in addition to being above the clinical

cutoff for CBCL/2-3 total and Externalizing scores.

While analysis of the brief case studies must remain limited, it would seem significant that the three children whose CBCL/2-3 total scores were in the clinical range had parents whose combined hours of employment were above the average hours of employment for the present sample and for two of the couples the combined hours of employment per week was more than one standard deviation above the mean. It may be useful in future studies to further differentiate hours of parental employment and hours of nonparental care. The present study included children in child care for twenty or more hours a week. There were no statistical correlations between CBCL/2-3 scores and hours of child care or hours of parental employment. However, in a larger sample in which 35 hours a week was used as a cutoff for determining full time child care, which would correspond with the Department of Labor's definition of full time employment, it is possible that an association would emerge. Hours of both maternal employment and child care vary widely (Caruso, 1990) and it may be that the amount of care is not a critical factor until a specific threshold for care is exceeded. Further research is needed in this area.

All three mothers expressed some uncertainties regarding the parenting role. None expressed dissatisfaction with their child care arrangements and all reported the availability of extended family supports. Beyond similarities across families, there were unique circumstances, too. One wonders whether the inconsistent and perhaps chaotic caretaking environment of the first child may be presenting difficulties with respect to modulating behavior. The mother of the second child was guarded, expressed a lack of confidence in her child's pediatrician, and appeared stressed by

the developmentally appropriate self-help behaviors of her child. The third child had a history of ear infections and a sibling with special needs, two factors which may raise the possibility of physical or biological bases for problematic behavior. Again, while case study data should not be overinterpreted, they may be used to illustrate how multiple factors could combine to form unique contexts for higher frequency problem behavior.

As suggested by Bronfenbrenner (1989), development of young children should be examined within a context of multiple associated factors rather than a single identified risk, such as early nonparental care. As demonstrated by Rutter (1987), multiple rather than single negative factors are associated with increased frequencies of maladaptive patterns of behavior. Belsky and Rovine (1988) showed, too, that several contextual factors tended to differentiate securely infants from those who were not. Infants in child care rated as insecurely attached were more frequently rated by parents as being difficult, they more frequently had parents with complaints about their marriage, and they were more likely to have mothers who scored lower on a test of psychological adjustment and who were more career oriented. Thus, it was not whether or not infants were in nonparental care but rather whether nonparental care accompanied other characteristics which combined to form a contextual vulnerability or a context of risk.

Likewise, findings of the present study indicate that there was not an elevated frequency of maladaptive behavior among a sample of toddlers who, although they received full time nonparental care, were from middle SES intact families with parents who were educated, employed, older, and well

integrated into supportive networks of family and friends. Interpreted in context, findings demonstrate that nonparental care should not be associated only with negative child development outcomes. More research is needed to understand how these complex variables are associated with the development of young children.

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Table 1. Group means (standard deviations) for CBCL/2-3 normative sample, CBCL/2-3 clinical sample, and study sample of toddlers in child care.

CBCL/2-3 Scales	Normative Sample* N=273 Mean (SD)	Clinical Sample* N=96 Mean (SD)	Study Sample N=95 Mean (SD)
Total Problems	40.6 (19.5)	70.5 (27.2)	30.9 (16.6)
Internalizing	7.9 (5.8)	13.7 (9.1)	4.9 (4.5)
Externalizing	22.5 (11.8)	33.2 (16.2)	18.1 (9.7)
Social Withdrawal	5.5 (3.8)	7.7 (5.4)	3.7 (3.0)
Depressed	2.9 (3.2)	6.9 (6.0)	1.4 (2.2)
Sleep Problems	4.2 (3.1)	6.6 (4.6)	2.8 (2.5)
Somatic Problems	2.7 (2.2)	4.3 (4.7)	2.1 (2.2)
Aggressive	20.6 (10.6)	30.4 (14.4)	16.5 (8.7)
Destructive	4.7 (3.5)	6.9 (5.0)	3.8 (3.0)

* McConaughy & Achenbach (1988)